the goals set for 2000. A.D. and States like Andhra Pradesh, Karnataka, Gujarat, Maharashtra are close to achieving the goals. However, some States are lagging behind primarily on account of slow achievement of socio-economic indicators.

As a result of various programs Crude Birth Rate has reduced from 40.8 in 1951 to 26.4 in 1998, IMR has reduced from 146 in 1951 to 72 in 1998, Couple Protection Rate went up from 10.4% in 1971 to 44% in 1999, Crude Death Rate has reduced from 25 in 1951 to 9.0 in 1998 and Total Fertility Rate has reduced from 6. in 1951 to 3.3 in 1997.

(b) and (c) The National Population Policy, 2000 has been approved by the Government during February, 2000. It has been laid on the Table of both Houses of Parliament.

The Policy seeks to put in place a multi sectoral agenda for population stabilisation which includes increasing out-reach and coverage of reproductive and child health care services, strengthening of health infrastructure, meeting the unmet needs for contraception services, and converging of integrated service delivery at village and house-hold levels. Stabilising population is perceived as much a function of extending primary and secondary education, improving access of safe drinking water, sanitation and housing, and building roads, and providing transport and communication.

Health for all by 2000

†1721. SHRI DILIP SINGH JUDEV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any final outline has been drawn by fixing targets in different areas, to achieve the objectives of health for all by 2000 A.D. and to promote health-care;

(b) if so, the details thereof;

(c) the main agencies monitoring implementation of different projects; and

(d) whether any action plan has been formulated for propagation of the said programme at present?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) Statement of

†Original notice of the question was received in Hindi.

achievements againsts targets indicated in the 1983 National Health Policy is enclosed. *(See below)*

(c) The National Health Programmes are monitored by the divisions at the Central, State and District levels.

(d) Each programme has an Information Education Component for raising peoples' awareness.

Statement

Goals for Health and Family Welfare Programme

SI. No.	Indicators		Current Level of Achievements	Goals 2000
1	2		3	4
1.	Infant Mortality Rate	Rural	77 (1998)	
		Urban	45 (1998)	
		Total	72 (1998)	below 60
2.	Prenatal Mortality		44 (1996)	30—35
3.	Crude Death Rate		9.0 (1998)	9
4.	Pre School Child (0-4 Years) Mortality		23.9 (1996)	10
5.	Maternal Mortality rate (per 1000 live births		4 (1997)	below 2
6.	Life Expectancy at Birth (Years)	Male62.4	(1996—2001)	64
		Female63.4	(1996—2001)	64
7.	Babies with Birth Weight below 2500 gi ms (percentage)		30	10
8.	Crude Birth Rate		26.4 (1998)	21
9.	Effective Couple Protection Rate (Percentage)		44* (March' 99)	60
10.	Total Fertility Rate**		3.3 (1997)	—
11.	Growth Rate (annual)		1.74% (1998)	1.20
12.	Family Size		3.5 (1993)	2.3
13.	Pregnant Mothers Receiving Ante-Natal Care (%)		40-50	100
14.	Deliveries by Trained Attendants		53.7 (1996)	100
15.	Immunization Status(%) Coverage: $			
	TT (for Pregnant Women)		82.9 (1998-99)	100
	TT (for School Children)		57.2 (1998-99)	100
	10 Years		54.1 (1998-99)	100
	16 Years			

1	2	3	4
	DTP (infants)	92.8 (1998-99)	100
	Polio (Infants)	94.3 (1998-99)	100
	DT New School Entrants (5-6 Years)	61.4 (1998-99)	100
	BCG (Infants)	97.0 (1998-99)	100
16.	Leprosy-Prevalence Rate-percentage of disease arrested cases out of those detected	5.19/10000 Popn. 91% (1999)	1/10,000 Popn. 80%
17.	Blindness Prevalence (%)	1.4@	0.3
18.	TB-Percentage of disease arrested cases of those detected	out84 (1999) RNTCP	85(RNTCP)

* Provisional

** Not included in NHP, 1983

$ Percentage Achievement of Annual Need Assessed

@ No Nationwide survey done since 1986. Rapid Surveys indicate reduction of about 15% based on that prevalence is estimated to be between 1.1 to 1.2%

SOURCE: National Health Policy Document, M/O Health & FW Dte. General of Health Services and Planning Commission.

Salary of Staff of National Nutritional Monitoring Bureau

1722. SHRI CO. POULOSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether representations have been made by the staff of Nagpur Nutritional Monitoring Bureau staff that they have not received salary for months of February to May, 1998 and that National Institute of Nutrition, Hyderabad which is to send D/D for the purpose, has not yet sent the D/D;

(b) whether non-payment of salary every months has become a regular feature;

(c) if so, the reasons for non-payment of salary regularly; and

(d) by when the payment for February to May, 1998 is likely to be made?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) to (d) The salarly to the Staff of National Nutritional Monitoring Bureau, Nagpur for the months of February 1998 to April, 1998 and May, 1998 was paid on 20.5.98 and 9.6.98 respectively. The delay in payment of salaries occurred on account of non-receipt of progress report from this State Unit.

Brain Fever Cases in Karnataka

1723. SHRI K.C. KONDAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: